

Good Morning Members of the Human Services Committee

My name is Theresa Nicholson, I am the Assistant Vice President of Behavioral Health Care for The Community Renewal Team. CRT is the largest Community Action Agency in CT and is committed to using Result Oriented, Cost Effective Strategies to serve those most in need.

I am here today to support raised bill No 5243 An Act Concerning Sober Houses

As a Behavioral Health provider serving more than 2000 clients this year in our Behavioral Health clinics in Hartford, we are very aware of the importance and need of Sober Houses as a part of our continuum of recovery care.

CRT does not run sober houses but uses them quite often to assist those clients needing a sober place to live to support them in their recovery.

Since 2007 CCAR Recovery Housing Coalition in collaboration with DMHAS has created standard for operating a Recovery House. DMHAS has also created a certification process by which Recovery Houses can receive DMHAS reimbursement under SAGA and ATR for Recovery (Sober) Housing.

The standards for both CCAR and DMHAS are very structured and both client and recovery based. The issue is that they are not mandatory. Anyone can open a Sober House if they follow the zoning guidelines for the town in which they want to open the sober house.

I am not concerned about those that take advantage of training from CCAR to open a Recovery House or those that are Certified by DMHAS but I am very concerned that there is no current process to monitor those owners who do not choose participate in CCAR Recovery Housing Coalition and/or become DMHAS Certified.

Recovery Housing is an essential part of Recovery for many of the clients we serve. These clients are many times early in recovery and need housing that is regulated to ensure it meets the minimum standard set by CCAR Recovery Housing Coalition or DMHAS Certification. We cannot allow our client in recovery to be taken advantage of by someone running a Sober/Recovery House that is not holding themselves to the standards set by CCAR and DMHAS. We must make this a mandatory requirement for opening a Recovery House.

Thank you



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### Why did we create "Find Recovery Housing!"

With over 7 years experience as advocates for the recovering community in Connecticut, we realized helping people find a good environment to heal was a great need. So we compiled this Recovery Housing database to help you find a good recovery house.

### What does the Recovery Housing database offer?

Bed Availability  
(updated weekly by CCAR volunteer)

Recovery rating

Photo of house

Admittance criteria

Rent payments

Admission contact

Over 20 questions about the house (smoking allowed, cable TV, phone, interview required)

### How does it work ?

You can search the Recovery Housing database by:

Gender

Proximity

City

Funding Available

Recovery Rating

Methadone  
Maintenance Accepted

## CCAR Recovery Housing Coalition of Connecticut Standards

The CCAR Recovery Housing Coalition of Connecticut is a group of individuals and companies that provide housing for those in the recovery community. The coalition offers educational, advocacy, and organizational support for its members. Additionally, information about housing services offered by coalition members is made available to recoverees and providers through the CCAR telephone contact program, as well as its website.

A significant goal of the coalition is to help assure that recoverees have safe and habitable housing. All houses must be managed in an ethical, honest, and reasonable fashion. The coalition has drafted minimum standards for recovery housing. Owners of recovery housing who adhere to the minimum standards are entitled to be members of the CCAR Recovery Housing Coalition of Connecticut.

The process of establishing and monitoring minimum standards is an evolving one, intended to elevate the quality of recovery housing available to recoverees. There are four major components of the standards which broadly include (1) operating structure (policies / procedures); (2) physical plant; (3) evaluations and inspections; (4) ethical standards.

### Policies, Procedures and House Structure

- A. Each house shall have a mission statement which promotes an environment that provides for recoverees to live as a family unit.
- B. Each house shall have published admission criteria, which may include the right of the house owner to define the target population for recoverees, consistent with federal, state, and local laws, and which policy shall be implemented consistently;
- C. House rules and regulations must be posted in each house, reviewed with all residents, signed by each resident, and include provisions on:
  - i. Recovery based and house meetings, including a minimum of five (5) recovery oriented meetings per week, which may be 12 step or faith based recovery meetings, in addition to any outpatient treatment and/or religious program attendance, and a mandatory weekly house meeting;
  - ii. Immediate discharge for relapse, stealing, and/or disruptive behavior;
  - iii. Curfew;
  - iv. Guests;
  - v. overnight visits;
  - vi. Employment or daytime activity;
  - vii. Prohibition on smoking inside the house;
  - viii. Medication;
  - ix. Explanation of management structure and contact information for staff on a 24/7 basis;
  - x. a written safety, fire, and emergency policy which must be reviewed with all residents;
  - xi. A grievance procedure, which includes a posted bypass procedure for direct communication to CCAR;
  - xii. A procedure for how and/or where to contact tenants in the event of an emergency if tenants are not at home;
  - xiii. Drug and alcohol testing;
  - xiv. Rent and any additional costs or charges.

## Recovery Housing Coalition of Connecticut

[About the Coalition](#)

[Coalition Standards](#)

[Join the Coalition](#)

[Legal Information](#)

### Preview Our Database

You can see exactly what you get in a search for a recovery house by choosing one of our 3 demo homes below:



Manchester



Middletown



Canaan

**2. Minimum standards for each dwelling unit include:**

- A. All living space must be finished, furnished, and have operational locks on exterior doors and first floor windows;
- B. Every dwelling unit must have:
  - i. a fully functional kitchen, including a stove, microwave, sink, and refrigerator;
  - ii. A fully functional bath room including a toilet, sink, and bathtub or shower, with no more than six (6) people sharing a bathroom;
  - iii. and central heat, including a prohibition on portable heating units;
- C. Each bedroom must be limited to no more than two residents, must meet minimum state standards as to size, (and local standards as to size, if any), and must not require passage through another room to gain entry;
- D. Each house must comply with applicable governmental standards with respect to smoke detectors, carbon monoxide detectors, and fire extinguishers. On floors with kitchens, the fire extinguishers shall be located in the kitchen;
- E. Furniture must be:
  - i. Complete, clean, and in good repair;
  - ii. Replaced at reasonable intervals
  - iii. Curb appeal
  - iv. Outside appearance must be neat, clean, and well maintained;
  - v. Outside appearance must, at a minimum, be consistent with neighborhood.
- F. Each house must have a maintenance program to address routine and emergency repairs and maintenance in a timely fashion

**3. Inspections and Evaluations****A. Surveys**

- i. Recoverees;
- ii. Providers

B. Inspection by CCAR outside evaluator or two members of executive committee shall be performed at least one time per year at each house and additionally, may include random inspections and inspections related to specific issues or complaints.

**4. Ethical Standards**

House Owners / House Managers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

House Owners / House Managers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the House Owner / House Manager and client to maintain appropriate professional boundaries. House Owners / House Managers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

House Owners / House Managers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If House Owners / House Managers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is the House Owners / House Managers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

House Owners / House Managers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the House Owner / House Manager and individual to maintain appropriate professional boundaries.

House Owners / House Managers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). House Owners / House Managers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

House Owners / House Managers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

House Owners / House Managers should not use derogatory language in their written or verbal communications to or about clients. House Owners / House Managers should use accurate and respectful language in all communications to and about clients.

**Membership**

Owners of recovery housing who agree in writing to adhere to the minimum standards are entitled to be members of the CCAR Recovery Housing Coalition of Connecticut. Membership privileges include listings on the CCAR recovery housing website, referrals of potential residents, educational, advocacy, and organizational support for its members, including the ability to network and collaborate with colleagues, a certificate of membership, and up to date information on recovery support programs.

**Meetings**

Meetings are open and interested parties are welcome to attend. Regular monthly meetings serve as a forum on topics and issues important to the recovery housing community. Special or emergency meetings may be scheduled as necessary and with reasonable notice to all members.

**Governance**

There shall be a chairperson, a vice chair, and secretary. To be eligible to serve as the chairperson, the individual must have been an active participant of the recovery housing coalition for a period of at least one year. Positions shall be by nomination and majority vote and elected individuals shall serve for a period of one year, or until a successor is elected. CCAR shall provide administrative and technical support. There shall be an executive committee consisting of five (5) members, including the chairperson, vice chair, secretary, one member at large appointed by the chair, and the designated administrative support person from CCAR. In the event of a conflict of interest or scheduling conflict, the chair may appoint one or more members at large to serve temporarily.

**Response to critical and non-critical incidents, including response to failure to meet minimum standards.****The CCAR Recovery Housing Coalition of Connecticut**

Critical incidents, include, but are not limited to, any facts or circumstances which could harm a recoveree. Some examples are drug or alcohol use, threatening or violence, intimidation, illegal activities, inappropriate discharge.....

Non-critical incidents include, but are not limited to, interpersonal conflicts, disputes over finances, and minor complaints about houses.

Failure to meet minimum standards is a separate category.

In the case of critical incidents, members shall be notified by telephone and e-mail and required to respond within 72 hours. Executive committee members shall also be notified. Non-critical incidents will be communicated in the same fashion, but the required response shall be 30 days. Executive committee members will be notified at the next regularly scheduled meeting. In the event there is a complaint about the failure to meet minimum standards, an evaluator will perform an onsite inspection.

In the event the executive committee believes a critical incident is not remedied in 72 hours, or in the case of a determination that minimum standards are not being met, the executive committee shall hold a special meeting to determine if the offending member shall be suspended from active membership in the CCAR Recovery Housing Coalition of Connecticut.

The decision to suspend a member shall be based upon whether the critical incident poses a continuing risk to recoverees and/or exposes the housing coalition and its members to disrepute. Failure to remedy the cause(s) leading to a finding that a member's house does not meet minimum standards, within an applicable remediation time period, shall be cause to suspend an owner's active membership.

